

# SLIPPERY ROCK MUNICIPAL AUTHORITY

Employment Application

ATTN: Human Resources  
116 Crestview Rd., P.O. Box 157  
Slippery Rock, PA 16057-0157  
www.srmaws.com

APPLICANT INFORMATION			
Last Name: _____	First: _____	M.I.: ____	Date: _____
Street Address: _____		Apartment/Unit #: _____	
City: _____	State: _____	ZIP: _____	
Phone: _____	E-mail Address: _____		
Date Available: _____	: _____	Desired Salary: _____	
Position Applied for: _____			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____
Have you ever plead guilty to or been convicted of a felony, misdemeanor, or a summary offense (a non-traffic related offense)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____
Have you ever been convicted of traffic offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____

EDUCATION				
High School: _____	Address: _____			
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
College: _____	Address _____			
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
Other: _____	Address: _____			
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____

REFERENCES	
<i>Please list three professional references.</i>	
Full Name: _____	Relationship: _____
Company: _____	Phone: (____) _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: (____) _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: (____) _____
Address: _____	

# SLIPPERY ROCK MUNICIPAL AUTHORITY

Employment Application

Last Name: _____	First: _____	M.I.: ____	Date: _____
------------------	--------------	------------	-------------

## PREVIOUS EMPLOYMENT

Company: _____		Phone: (____) _____	
Address: _____		Supervisor: _____	
Job Title: _____	Starting Salary \$ _____	Ending Salary \$ _____	
Responsibilities: _____			
From: _____	To: _____	Reason for Leaving: _____	

May we contact your previous supervisor for a reference?    YES     NO

Company: _____		Phone: (____) _____	
Address: _____		Supervisor: _____	
Job Title: _____	Starting Salary \$ _____	Ending Salary \$ _____	
Responsibilities: _____			
From: _____	To: _____	Reason for Leaving: _____	

May we contact your previous supervisor for a reference?    YES     NO

Company: _____		Phone: (____) _____	
Address: _____		Supervisor: _____	
Job Title: _____	Starting Salary \$ _____	Ending Salary \$ _____	
Responsibilities: _____			
From: _____	To: _____	Reason for Leaving: _____	

May we contact your previous supervisor for a reference?    YES     NO

## MILITARY SERVICE

Branch: _____	From: _____	To: _____
Rank at Discharge: _____	Type of Discharge: _____	
If other than honorable, explain: _____		

## ACKNOWLEDGEMENT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

I authorize authority representative to contact my prior employers and authorize such employers to release all information related to such previous employment to Slippery Rock Municipal Authority.

Signature _____	Date: _____
-----------------	-------------

# SLIPPERY ROCK MUNICIPAL AUTHORITY

ATTN: Human Resources  
 116 CRESTVIEW RD., P.O. Box 157  
 Slippy Rock, PA 16057-0157

## EQUAL EMPLOYMENT OPPORTUNITY FORM

### Applicant Information

Full Name:				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:				<i>Apartment/Unit #</i>
	<i>Street Address</i>			
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Home Phone:	( )			
Position Applied for:				

### Voluntary Information

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.*

#### Racial or Ethnic Group

<input type="checkbox"/>	American Indian/Alaskan	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	Other

#### Gender

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
--------------------------	--------	--------------------------	------

#### Military Service

<input type="checkbox"/>	Pre-Vietnam Era	<input type="checkbox"/>	Vietnam Era
<input type="checkbox"/>	Post-Vietnam Era	<input type="checkbox"/>	Disabled Veteran

#### How did you hear about this position?

<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Company Employee	<input type="checkbox"/>	Professional Publication
<input type="checkbox"/>	Job Fair	<input type="checkbox"/>	Placement Office	<input type="checkbox"/>	Web Site
<input type="checkbox"/>	Other				